

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/582939	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1		Canceled				51				
2							52				
3							53				
4							54				
5							55				
6							56				
7	1						57				
8							58				
9							59				
10	1						60				
11			Canceled				61				
12							62				
13							63				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			3				TOTAL IND.				
TOTAL DEP.			8				TOTAL DEP.				
TOTAL CLAIMS			11				TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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U.S. DEPARTMENT OF COMMERCE
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FORM PTO-1350 (REV. 3-78)